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DEPARTMENT OF MEDICAID SERVICES
BEHAVIORAL HEALTH TECHNICAL ADVISORY COMMITTEE

Capitol Annex
702 Capital Avenue, Room 125
Frankfort, Kentucky

May 14, 2019,
commencing at 1:12 p.m.

Lisa Colston, FCRR, RPR
Federal Certified Realtime Reporter

A T T E N D A N C E

TAC Committee Members:

Sheila A. Schuster, PhD, Chair
Valerie Mudd
Gayle DiCesare
Mike Berry
Sarah Kidder

DR. SCHUSTER: Okay. Welcome all. This is the BH TAC. This is where the pilot says, "If you are not underway to Denver, jump off the plane."

So welcome. We have our court reporter. And we have a majority of our TAC members here.

So let's go around and introduce ourselves. And then we have a new representative from BIAK, and we will do that initiation. You didn't know you were going to be initiated, Gayle. Let's start over in the corner.

MS. McKUNE: I am Elizabeth McKune with Passport Health Plan.

MR. HANNA: Dave Hanna with Passport.

MR. CAIN: Micah Cain with Passport.

MR. KELLY: Marc Kelly, Pathways.

MS. SHUFLETT: Christy Shuflett, New Beginnings.

MS. BOWLING: Michelle Bowling, The Ridge.

MR. BERRY: Mike Berry, People

Advocating Recovery.

DR. SCHUSTER: Oh, I love that voice. Great.

MR. BERRY: It works again.

DR. SCHUSTER: It works again.

MS. MUDD: Valerie Mudd, NAMI Lexington, VA participation station.

MS. GUNNING: Kelly Gunning, NAMI Lexington, Fayette County Mental Health Court.

MS. SCHIRMER: Diane Schirmer, Resilient Life Care.

MS. HAAS: Mary Haas, Brain Injury Association, Kentucky Chapter.

MS. SCHIRMER: Yes, me too.

DR. SCHUSTER: Okay. And over to this side (indicating).

MS. STEARMAN: Liz Stearman, Anthem Medicaid.

DR. SCHUSTER: Great. And back to Grant.

MR. GUPTON: I'm Grant Gupton, and I am working with Katie.

DR. SCHUSTER: You are working with?

MS. BENTLEY: He is with me.

DR. SCHUSTER: Oh.

MS. BENTLEY: So Katie Bentley from the Commonwealth Council on Developmental Disabilities. He is a photographer, amazing.

DR. SCHUSTER: Oh. Is that right? Grant, welcome. We're really glad that you are here today. Thank you.

MS. ADAMS: Kathy Adams, Children's Alliance.

MS. KIDDER: Sarah Kidder with NAMI Kentucky.

MS. JONES: Cat Jones with Aetna.

MR. JOHNSON: Dustin Johnson with Aetna.

MR. HELDMAN: Chris Heldman with Molina.

MS. GOINS: Glenna Goins, Governor's Office for Policy and Management.

DR. SCHUSTER: Oh. Great.

MS. PAXTON: Julie Paxton, Mountain Comprehensive Care Center.

MS. WHITE: Shannon White. I'm with Centerstone Kentucky.

MS. DYKES: Kim Dykes, the Adanta

Group.

MS. DiCESARE: Gayle DiCesare with BIAK.

MS. MOWDER: Kristan Mowder, Humana CareSource.

MS. STEPHENS: Cathy Stephens, Humana CareSource.

MR. LEEDY: Brad Leedy with Bridgehaven Mental Health Services.

DR. SCHUSTER: Okay. Thank you very much.

I received a letter yesterday from Eddie Reynolds, who is the Executive Director of the Brain Injury Alliance of Kentucky. And he is announcing with regret the resignation of Diane Schirmer from the BIAK Board. And with our desire to stay updated on the activities of the Behavorial Health TAC, we wish to submit Gayle DiCesare to be the BIAK representative on the Behavioral Health TAC. And by statute, that is the representative -- BIAK is the group that names the representative for those with brain injury.

Gayle has been on the TAC in the

past. And I have her contact information. So, Gayle, welcome as a TAC member. And, Diane, thank you so much. We hope you will continue to come --

MS. SCHIRMER: Absolutely.

DR. SCHUSTER: -- and participate and share your considerable expertise with us.

MS. SCHIRMER: Thank you.

DR. SCHUSTER: So we have five members of our TAC here. Gayle representing individuals with brain injury; Valerie representing consumers of mental health services; Mike Berry representing consumers of substance use disorders; Sarah Kidder representing NAMI Kentucky; and I represent Kentucky Mental Health Coalition.

Steve Shannon had to go to a meeting in Louisville and could not figure out how to be in both places at the same time, although he said that we would be feeling his spirit and he was probably right. So five out of our six members are here.

So for purposes of the court reporter, if you are a TAC member it might be

helpful for you to say that you are when you are making a comment. Otherwise, I think you usually just say "participant" or something.

THE REPORTER: Yes.

DR. SCHUSTER: Okay. And if you need us to slow down or repeat things or whatever.

So my color-coding got a little bit strange. But, anyway, the agenda, I think most of you got a goldenrod. And on the back is just a reminder of our future TAC meetings and the MAC meetings. And as far as I know, all of those are as scheduled. We're still, of course, waiting to see when there will be a special session. And some things might get recalibrated, rescheduled, depending on when that special session is.

For the summary of the March 12th Behavioral Health TAC meeting, I would refer you to the white pages. And this was the report that I made at the Behavioral Health TAC meeting, which is actually kind of a good summary of our last meeting. So, and, I think I sent it out. Most of you should have gotten it in advance to look over it.

So we had some updates last time, as you will remember. And some very positive news from DMS about the change in reimbursement and the time requirement for therapeutic rehab, among other things. We still have some concerns about the medically frail category, the 1915(c) waivers and so forth.

We did not have a quorum. You may remember we had to meet over at the CHR building. And we did not have a quorum at that meeting, so we didn't have any recommendations. And I pointed out to the MAC that because we had to meet over there we didn't have a quorum, because Steve Shannon was over here working with the legislators and couldn't have been in to do votes and things when we needed him. So...

I got into a little bit of a verbal back and forth at the MAC meeting when I said that I was using that occasion to make the public announcement that we would be meeting from here on forward here in the Capitol Annex. And Sharley Hughes pointed out that I couldn't make public notices, that she had to

post them on the website. And I said that I had sent her that information and that she had changed it. And, so, it was not actually a public notice that we had sent her. So we kind of went back and forth. And Stephanie Bates was at the MAC meeting, the Commissioner was not there, and she indicated verbally and non-verbally that the public announcement had been made and that we were going to be back meeting here in the Capitol Annex. So here we are.

PARTICIPANTS: Yay. We will buy you lunch.

DR. SCHUSTER: Well, it certainly makes it easier.

Let me see. I think there is a -- let me skip over to a green two-sided that says "Report to the MAC from Dr. Beth Partin, Chair," if you have that. And you all know that we've kind of gone around and around with the Commissioner about the rules that she -- oh. It might be on white. Yes, most of you had it on white.

MS. GUNNING: I got it.

DR. SCHUSTER: I have kind of lost

track of paper in the copier these days and so some of the things -- anyway...

So this was important work, what the MAC Chair did, Dr. Beth Partin, who is an APRN from Adair County, she pulled together a committee of members of the MAC as well as some TAC chairs. And we did business by e-mail and phone and so forth.

Come on in. There's handouts up here and sign-in. Help yourself.

And it was really kind of a response to the Commissioner's "You will do this, you will meet here, you will have certain things on the agenda or not."

Hi, how are you?

So I think it is important, because we went back, and I think Sarah Kidder had also done this for me, had gone back and looked at the statutes. And there actually is not a direct line of authority from the Commissioner to either the MAC or the TAC. So they are advisory to her and there is no coming the other way. So we relied on that. And you can see that the work of the committee was that the scheduling of the

meetings could be done by the TACs, the MAC bylaws do not require the TAC to provide the agendas two weeks prior to the meeting, the MAC bylaws do not allow for DMS to cancel a TAC meeting. The Therapy TAC, which is OT, PT, and speech, had their meeting cancelled by DMS without any prior notice because they had not submitted their agenda.

And, so, Beth, who may be as feisty as I am, really fired off a series of e-mails about that and just said, you know, people showed up and they were not there, you know, nobody was there with the stuff, you know, and so forth, you know.

I understand that the court reporter, and this is not personally, you understand, you know, we just think it is a waste of money to send us 150 pages of verbatim stuff. Sharley Hughes told me that that was required under the open meetings, open records laws. I'm actually not sure that that's the case. But I decided not to take that on. We're happy to have the court reporter, and sometimes it is helpful to be able to go back. I just last week got the

minutes, actually, of our March meeting. And they are, I think, 84 pages long. But I will send them out to you all, if you are interested in having that verbatim. It takes a while to read through them, you know, because they are done like if you have seen court records and so forth. But we will do that for you.

On the TAC recommendations, the Commissioner was saying that it should only be the recommendation and not any explanation, which didn't make a lot of sense to us. It seems like our discussion tells a lot about why we came up with the recommendation that we came up with, what the context is and that kind of thing. And the MAC agreed.

Also, Beth did a good job of pointing out some examples of some of the responses from DMS to the recommendations, which are very often not helpful. They will either say "We will take it under advisement" or "We are going to follow the federal rule" or "You've given us this before," which is sometimes what they give us because we keep

coming back with the same recommendations and we don't seem to get any place. And she pointed out and I think it's true, you know, what is the purpose of having a TAC if you are not making recommendations and then getting some feedback from DMS. And so that was along those lines.

She also talked about the location of the TAC meetings. And I did find out an interesting thing yesterday, actually, by e-mail. You know, we've been running this TAC since 2015. I've been Chairing it since 2015. And as the MCOs know, I have a list of MCO reps and I send you all the agenda and reminder and so forth, and I also have a list of DBHDID folks that have come from time to time and I send it to them and then I have a list of DMS folks that have come over the years and been here and so forth and so I send it to them. So I was sending out just a reminder notice yesterday and I sent it to the DMS folks. And Sharley e-mailed me and said that I couldn't do that, which I ignored, that it was a public notice and only she could give public notices. So we're back

on the argument about the public notice. So I ignored it. And then a little while later she e-mailed and said, "I apologize. You were just e-mailing them, so it was not a public notice." But then she said --

MR. BERRY: Control, control.

DR. SCHUSTER: Yeah. Well, wait until you hear this one.

MR. BERRY: Uh-oh.

DR. SCHUSTER: I am not to be in touch with DMS staff to invite them to the meeting but only the Commissioner will decide which of the DMS staff should attend any of the TAC meets.

MS. GUNNING: Can we get some of those super powers?

DR. SCHUSTER: So...

And as you note, there is no DMS staff here today, which may be their way of saying, "All right. If you are going to meet over in the Annex, then, you know."

So we'll see. We have some connections in some of the DMS staff, and some of this information you can get from other sources. It has always been helpful to

have the MCOs here and to have DMS and, for that matter, to have DBHDID staff here because there have been some issues that have come up that have been helpful to have their input.

MS. GUNNING: We have been able to resolve things.

DR. SCHUSTER: Yeah. So that's all I know at this point. But that sheet was the work of the MAC and I think does make our way clearer, at least in terms of --

MS. GUNNING: Breaking the law.

DR. SCHUSTER: -- we're going to meet over here and we're going to set our agenda. And I will continue to encourage them, as I did at the last TAC meeting, if they are going to make some significant changes, like they tried to do with TRP, that that to me is the very essence of why we're here as an advisory group.

They came out with that announcement on February 7th, retroactive to January 1st. And as Marc so eloquently pointed out at that meeting, TRP is the essence of treatment for our folks with SMI,

in addition to medication and peer support and so forth. And to, I think, arbitrarily and capriciously slash the rates and to re-define it in such a way that almost no one would be coming to TRP. And then they got enough feedback from the CMHC's, from Bridgehaven and from New Beginnings and other people saying, "No, you can't do that. It really is going to just kill the system." And they backed off some on that. That's the very kind of thing that I would think that the Commissioner would agree is a systemic change and one about which our input would be extremely valuable.

MS. GUNNING: Yes.

DR. SCHUSTER: And I said at that meeting to Ann Hollen, and I will follow up with her again, you know, this didn't just get spontaneously created on January 1st. I mean, this had to be talked about October, November, December. And somebody came up with this idea and decided to do it and vetted it and, you know, but didn't vet it with anybody who was in the field or on the ground or affected by it. And it seems to me

that that's exactly what should have been run by us. "Here's what we're thinking and here's why we're thinking it." Because there was really no rational given. And now we're in the state of limbo, and I think we're still in the state of limbo, about where are we with those rates.

MS. GUNNING: Yeah.

DR. SCHUSTER: We were supposed to get some written guidance and nobody has seen that. Unless the MCOs have seen anything. Any clarification on the TRP rates and reimbursement?

PARTICIPANT: I believe a new fee schedule was posted on-line.

DR. SCHUSTER: So the new fee schedule was posted?

PARTICIPANT: Right.

DR. SCHUSTER: Okay. And did it reflect the change in the hour requirement?

PARTICIPANT: It has T 2019 as the fifteen -- or the hourly unit. And then T 2020 -- or H -- I'm sorry.

H 2019 and then H 2020 for the per diem for three hours, plus service a day.

DR. SCHUSTER: Okay. Which is what Ann described to us I think at the last TAC meeting.

PARTICIPANT: Yeah. It was posted I think a week ago Thursday.

DR. SCHUSTER: All right. And are those rates and is that time frame, is all of that retroactive to January 1st?

PARTICIPANT: I am not sure.

PARTICIPANT: I believe it is 5/15, is when the H 2020 officially can be utilized, is what was in the letter that was sent out about a week ago.

PARTICIPANT: Yeah.

DR. SCHUSTER: So what's --

PARTICIPANT: So the direction was that H 2019 was to be utilized as it had been until 5/15. And then 5/15 the per diem code was to be used for over three hours. And so the --

MS. GUNNING: So did it change?

PARTICIPANT: I think that is what Ann said at the meeting. She said it would be 5/15 and no retroactive.

DR. SCHUSTER: And not retroactive?

PARTICIPANT: Retroactive to 1/1.

DR. SCHUSTER: So from January 1st to 5/15 we're in the old system?

PARTICIPANT: Yes. Correct.

DR. SCHUSTER: Okay. All right. Brad, that has been your experience?

MR. LEEDY: Yeah, yeah.

DR. SCHUSTER: Okay. And were the providers, were the comp care centers or Bridgehaven, did you all get any notification?

PARTICIPANT: We got a letter probably about three weeks ago outlining the new date that it was supposed to take effect. The thing that we didn't get was any guidance on that the H 2019 is a preauthorized service, needs prior authorization. And we didn't receive any direction on how to transfer that authorization to H 2020. So we're still kind of in some limbo around that issue.

DR. SCHUSTER: Okay. So I'm assuming that the comp care centers got that same letter?

PARTICIPANT: Yeah. Pathways did

and some of our independently licensed practitioners got letters individually.

DR. SCHUSTER: Okay. So are there any remaining questions? Tell me a little bit more about the prior authorization issue.

PARTICIPANT: H 2019 has always been -- to my knowledge, requires a preauthorization to access that service. And, so, we've been calling in to get those services preauthorized. But there's been no direction on how H 2020 either should be authorized or how units might be applied.

Like somebody, say, they've gotten 10 units but we're going to use the per diem rate, do those units get counted off as they would ordinarily or is there some kind of a special setup for the H 2020 code? And then if they are going to be authorized differently, we have not heard about that either. So we just need to know, moving to that H 2020 code, if someone is in the service for longer than three hours a day, you know, does that require any type of different authorization or should we be requesting a per diem rate or a per diem

authorization or still go with the hourly or the unit authorization.

DR. SCHUSTER: Okay. Is there anything that the TAC can do in terms of trying to get that clarification?

PARTICIPANT: Just, from what I have heard, there hasn't been any communication on that process down, funneled down to the MCOs. And I think they are just kind of as confused as we are.

PARTICIPANT: My suggestion is that both codes are requested; that way there are units available. Because what happens? If you only request H 2020, a member has to leave the program earlier, you don't have a prior authorization for the H 2019, what happens?

So my suggestion is, is to request both codes so you have a bank of units for both codes. We have put in a request to do a cross-coding to make -- you know, to cover. I think quite a few auth's came in for the 2020 before the notification came out. And, so, to do a cross-coding to kind of catch those.

If you do have any problems with claims being -- you know, with claims, please let me know and we will get those reprocessed or get that code put into the auth. Because I'm sure some are going to slip through the process while we're trying to figure this out. But we will make sure that those get worked out.

But that's my suggestion, is to request both codes so we can avoid the cross-coding, you know, necessity and you will have a bank, you know, your authorization is for TRP. So that way you will have a bank of units for both codes should this situation arise, that a member has to leave or is not there the entire day. And you can still receive reimbursement and not have a PA for that code as well.

PARTICIPANT: Okay. And you are with Anthem, correct?

PARTICIPANT: Aetna.

PARTICIPANT: Okay.

DR. SCHUSTER: So is that the same advice that some of the other MCOs would give as well?

PARTICIPANT: (Moved head up and down).

DR. SCHUSTER: Passport is nodding over here yes. And CareSource...

PARTICIPANT: They could always give the authorization --

DR. SCHUSTER: Huh?

PARTICIPANT: I said, they could always call and work with the units to get the appropriate authorizations tied to that. I have to go back and look to see.

PARTICIPANT: Part of the issue that we just had today was that Humana, CareSource, and Passport was the beacon, but they have told us that they are not ready to start processing H 2020 at this time. So that might be part of the issue as well.

DR. SCHUSTER: So is it 2020 that doesn't actually start until 5/15?

MS. GUNNING: Until tomorrow.

DR. SCHUSTER: Oh. That's tomorrow, okay. So I guess we better get ready.

All right. It sounds like you have got to work with each of the MCOs, I guess,

who the person is with.

PARTICIPANT: (Moved head up and down).

DR. SCHUSTER: All right. Thank you for that clarification. That's helpful.

I've skipped to five. Let's do the change in reimbursement and billing for peer support services. And that actually is on, also, a green sheet. It is the Kentucky Medicaid Program Public Notice Substance Use Disorder. And down at the bottom there's a paragraph that starts "For peer support specialists providing services in a nonclinical therapeutic group setting, the group shall not exceed eight individuals in size and a maximum of 120 units per week."

I know that the comp care centers had some questions about what the heck that meant. Marc, do you know? Have you gotten some clarification on that?

MR. KELLY: No.

DR. SCHUSTER: No?

MR. KELLY: No.

PARTICIPANT: Does this just relate to substance use?

DR. SCHUSTER: Substance use disorders.

PARTICIPANT: Only?

DR. SCHUSTER: Yeah.

PARTICIPANT: Okay.

DR. SCHUSTER: Yeah. This is SUD only.

So, Shannon, do you know if your folks at Centerstone have had some questions about that?

MS. WHITE: I have not heard about that.

DR. SCHUSTER: Okay. I wish Steve were here, because I know there was a discussion at the KARP meeting and there was some clarification from Ann Hollen, but I am not sure what the clarification is.

PARTICIPANT: Yeah.

PARTICIPANT: I haven't heard that.

DR. SCHUSTER: You have not heard that? Yeah, I think people were not sure what "nonclinical therapeutic" meant.

PARTICIPANT: Well, I don't think that peer support specialists are designated as clinical. I also know that there is a new

CPT code that's associated with this peer support group. I believe it is S9446, I believe, if I'm correct. So that is a new code to be added to the fee schedule, and I believe that is an event code.

DR. SCHUSTER: An event code?

PARTICIPANT: Yes.

PARTICIPANT: Has been added or needs to be added?

PARTICIPANT: It is to be added.

PARTICIPANT: Yes. I believe we update 371, if I'm remembering correctly.

DR. SCHUSTER: Because I think there was also a concern about what the maximum of 120 units per week, how that was being counted.

MS. GUNNING: Yeah. What is a unit? That is what we were just wondering. Is that 15 minutes?

PARTICIPANT: Yes, it is a 15 minute unit. And that is for the traditional 80038 peer support specialist. So it looks like that they are putting a maximum of 120 units per week.

DR. SCHUSTER: Which would be

30 hours, which is probably as much as somebody is going to be billing, I would guess.

MS. MUDD: Probably.

DR. SCHUSTER: Okay.

PARTICIPANT: What was that code again? 800...

PARTICIPANT: 38 is the individual peer support specialist.

DR. SCHUSTER: For substance use?

PARTICIPANT: (Moved head up and down).

DR. SCHUSTER: Okay. Did you all have any other questions, Marc, from Pathways point of view?

PARTICIPANT: No, no.

DR. SCHUSTER: I will get with Ann Hollen after this meeting. Because she had sent some e-mails back to the Department, and I just can't remember what the clarification was. But if it is 15 minute units, you are looking at 30 hours, you are probably okay.

PARTICIPANT: That's a lot.

DR. SCHUSTER: That's a lot, yeah.

That would be a lot for one peer support specialist to put in. So...

The other thing, if you go back up to services, they are expanding the map of medication-assisted treatment to cover methadone also. And there will be a bundled rate for that. So that is also some good news on substance use disorders. And this is, yeah, you're right, this is effective July 1st, 2019. So...

PARTICIPANT: (Moved head up and down).

DR. SCHUSTER: So that's that. Let me go back up. I'm sorry to be moving around.

The MAC meeting was March 28th. And that was the day after Judge Boasberg had issued his stay on -- his second stay on the Kentucky waiver, Kentucky Health waiver. So the Commissioner was not at the MAC meeting. And I think all of the Commissioner staff and so forth were huddled in CHR to try to figure out what is going on.

You may have followed in the news that the Trump Administration, the Department

of Justice, and the Centers for Medicaid and Medicare Services have both filed actions to take it to the next level, the Court of Appeals. The plaintiffs, who are represented by Southern Poverty Law Center and the National Health Law Center, opposed their request for an expedited review. They didn't think that it was an emergency and it didn't need to be expedited. But whoever makes that ruling ruled in favor of the Trump-embedded Administrations to give it an expedited review. And I think what that means is it simply moves up the timetable.

So my understanding is that in all likelihood the briefs will be in the hearing and the Court of Appeals will be probably in October, is what we've heard from -- is that right, Marcie? --

MS. TIMMERMAN: Yeah.

DR. SCHUSTER: -- from KEJC and some of those folks. So everything is on hold. The last stakeholder forum, which had been scheduled in May, was postponed. And the one in June will probably be also cancelled. And, so, everything is kind of on

hold.

We understand that the State is moving forward on a program that was in the waiver but could be done without the waiver. And that was, the State having Medicaid recipients who were eligible for coverage through an employer and Medicaid would pay the premium. It's called KI-HIPP. They are moving forward with that on a trial basis. And I learned at a meeting yesterday that 5,000 letters have gone out to Medicaid recipients who may be eligible for that program.

So I tell you that because you may hear from people, you know, you all are kind of front-line and hear from people when, you know, they get these letters that are real hard to understand or decipher. And my understanding is that they will pay the premium. What's not clear is will they only pay the premium for the Medicaid-eligible person, so it is only an individual plan and not a family plan unless everybody in the family is on Medicaid, in which case apparently they will pay the premium for the

whole family.

Yeah, Katie.

MS. BENTLEY: So I can tell you how that works for families who have someone in their family with a disability.

DR. SCHUSTER: Okay.

MS. BENTLEY: If it is a family plan, then they will pay the entire premium for the health insurance. Sometimes they will cover parts of vision and parts of dental, but there's some kind of equation for that.

DR. SCHUSTER: Okay.

PARTICIPANT: But the program, I don't know how long Kentucky's had that, but it has been around for a long time and then it kind of closed down for a short while and then opened back up.

So, but, that's how they do it. Like if you have a family plan, they will pay the entire premium, instead of having you like -- like for us, like my son has a waiver. So like for him, they wouldn't take out a chunk of money for him and that would be all they would reimburse; they would just

reimburse the entire premium.

DR. SCHUSTER: But is it the entire premium for everyone in the family, whether they are --

MS. BENTLEY: For whatever the family insurance plan is on the -- like if is taken out of your -- it has to be through your employer. So if your part for your premium is, let's say, $200 every two weeks and every two weeks you send your time sheet back in, they will send a $200 check back to you.

DR. SCHUSTER: Okay.

MS. BENTLEY: So sometimes your premium might be higher than what their refundable amount is. And, again, that is some kind of number that I cannot even tell you how to do. But that's traditionally how it has been done in the disability world, with people like in the waiver world, people that I know, that is how it has been done in the past.

DR. SCHUSTER: Okay. That's helpful. Because this was a Board of Health meeting in Louisville Metro and we had lots

and lots of questions about does that mean that they pay the co-pays and they pay the deductibles and so forth. You know, it is supposed to be an entire cost sharing. But what we hear is it is just the premium.

I guess my concern is, the people who get these letters are going to be so confused about what this is. And the State apparently is excited about this. And we understand that in August they are going to send out 90,000 letters touting this program, like some huge number of letters. And there seems to be lots of questions. I'm just afraid that those of us who end up getting those questions asked of us really need to know a whole lot more about it.

You know, I would venture to say that most employer plans are not as good as Medicaid in many ways, in many respects. And I think for, certainly, behavioral health access to a psychiatrist --

MS. GUNNING: Right.

DR. SCHUSTER: -- is almost impossible if you have health insurance that's not Medicaid. Marc?

MR. KELLY: Well, the deductibles.

DR. SCHUSTER: Yeah, the deductibles.

MR. KELLY: The deductible and out-of-pocket in commercial plans, my personal experience, is enormous. It is going up and up and up. And I don't think you have that issue with Medicaid.

DR. SCHUSTER: Yeah, yeah.

MR. KELLY: So we, Sarah and I, were in a meeting last week on this reg, this change. So I was not familiar with the program. And help me if I miss anything, Sarah.

We had a member of one of our coalitions that really dug into this and commented on the reg. And, so, it was a learning experience for us. But according to the Medicaid folks, when you apply they will determine cost effectiveness. So it is not an automatic that they will do it. But they will however get your information, determine if it is cost effective for Medicaid to pay the premium, and if they do it initially they will reimburse the family. But they hope to

set it up after the first month or so with direct deposit. So they will just -- you know, instead of you paying it, waiting a few days to get reimbursed or however long, that we will know what the premium is and there will be a direct deposit into your account that day when the premium comes out, recognizing the cash flow issue for a lot of families.

DR. SCHUSTER: Yeah. I was worried about the reimbursement issue. Because I think most families are going to be hard-pressed to come up with that money, even if they know they are going to be reimbursed even within a week.

MR. KELLY: Right. Yeah. And they said weekly, they would direct deposit weekly, if you get paid weekly and the amount comes out of your paycheck once a week. And that is their intent. It is not set up now, but that is one thing they wanted to work out because of the issue, recognizing that that would be a big barrier for families.

MS. SCHIRMER: So is it for Medicaid recipients or waiver recipients

only?

MR. KELLY: All Medicaid recipients, I think.

DR. SCHUSTER: I think it is all Medicaid.

MS. SCHIRMER: So people on the Trust Fund could actually be eligible and their guardian could -- I mean, they could get it if they have a guardian?

PARTICIPANT: If they are on their guardian's plan. I mean, that's how it rolls right now.

But the other problem, currently you have to send in your payroll sheets, you know, your statements. I mean, and what mechanism are they going to do that by? You know, there's definitely some issues. Some people would definitely struggle with some of that. So...

PARTICIPANT: So this was the crux of our meeting, this issue, is why we were having it in the first place, was the filed regs, you had to notify Medicaid within 10 days of a change in your health insurance plan. And we were like, "10 days. Are you

kidding me?" And they said they were changing it to 30.

And a big concern was with folks that are on a waiver, Medicaid because they are on a waiver recipient, if their father or whomever, guardian or whomever, is the one with the health plan and they make a change and don't notify, are they going to lose their slot or spot in the waiver. The penalty, if you don't do it, was you get kicked off Medicaid. So the answer was no, that this would only affect whoever has the health -- so if the parent or the guardian has the health insurance, they may be kicked out of Medicaid. But the child or the adult that's on the waiver, it would not affect their status as part of a spot or slot on the waiver.

So that was the main concern, if somebody doesn't respond back within 10 days or 30 days. I mean, you know, health insurance changes. Open enrollment for health insurance is not necessarily at the same time as it is for Medicaid. So, I mean, that was our issue and that was their

response, is that the person on the waiver would not be kicked off.

PARTICIPANT: And, Bart, who was presenting on this? Who from Medicaid?

DR. SCHUSTER: Lee Guice primarily was the one answering these eligibility problems.

MS. KIDDER: Another issue that did come up is, outside of the waiver issue, is if the policyholder is Medicaid-eligible and the rest of the family is, too, and if that change is not recorded then the whole family is kicked off. If the policyholder is not Medicaid-eligible, it cannot get the Medicaid-eligible child kicked off if they don't report it. So there are all kinds of, like, little pieces.

DR. SCHUSTER: That's what I was afraid of. When we started hearing about this, it was like, oh, wow, this is going to be...

PARTICIPANT: But, obviously, we recommend that there should be some more communication about this, more communication with Medicaid recipients and maybe a letter

or two to providers.

MS. GUNNING: Well, and the employers are not going to understand it. They are not going to be looking at that glitch.

PARTICIPANT: I think there might be just one person doing it right now. Honestly, I think there is one person doing it right now.

PARTICIPANT: This whole program?

PARTICIPANT: Yeah. I am really thinking that there's -- I only know one person that I talked to about this.

PARTICIPANT: I never heard of it.

DR. SCHUSTER: It is of concern that, again, letters go out, we have not seen the letter. We ought to request the letter. I'm thinking that we ought to do some kind of recommendation about --

MS. GUNNING: Yes.

MS. SCHIRMER: And the Consumer TAC needs to know, too.

DR. SCHUSTER: -- communication and let's see the letter.

PARTICIPANT: If there are

questions, who is the contact.

DR. SCHUSTER: Right, right.

MS. GUNNING: And the Consumer TAC probably needs it.

DR. SCHUSTER: Yeah. The Consumer TAC needs it, too.

PARTICIPANT: Because our experience is, whatever can go wrong will.

DR. SCHUSTER: Well, and there were so many questions.

PARTICIPANT: You can say Bart said it was going to work, right?

DR. SCHUSTER: Actually, she already has it in the minutes.

PARTICIPANT: I'm announcing, that's true.

DR. SCHUSTER: You said it was going to work perfectly. So I was really concerned. You know, anytime there is a communication to a group of members or all of the members that we're like (indicating), you know, and they are going to come with these letters and we're all going to be going (indicating).

MS. GUNNING: Well, and they don't

get the letters, is the problem.

MS. SCHIRMER: Well, look at how well medically frail went.

MS. GUNNING: You mean, it is still going.

DR. SCHUSTER: So that's another piece of the Kentucky Health piece, if you will.

MS. SCHIRMER: Yes, exactly.

DR. SCHUSTER: So apparently there were pieces, and we knew this, there were pieces that were in the waiver, actually like the SUD piece for the IMD waiver, that didn't need to be in that waiver and they are going on and implementing some of those things. So there are things that are moving forward that are not part of, that didn't have to be in the 1115 waiver that are going forward.

You know, on the medically frail there was an interesting discussion at the Consumer TAC. And they didn't have a quorum. But one of the things they talked about was recommending, and I can't remember whether we actually recommended this before, we had recommended lots of things about the

medically frail, that if they have the ability to do some things outside of the waiver even though they are -- you know, and right now they are saying medically frail does not exist because there is no waiver. Well, it does exist. And it exists in people's minds, it exists in the minds and in the work of the MCOs because they were struggling with these attestations and so forth. And I wonder if we don't want to kind of push them to say why don't you create that medically frail and let us have those attestations and at least free them from having to pay co-pays.

MS. SCHIRMER: Right, right.

DR. SCHUSTER: Because we had made that argument over and over and over again. Any group that ought to be relieved of co-pays is the people with behavioral health issues. And, of course, I argued at the MAC meeting that instead of penalizing them $3, we ought to be reimbursing them $3 so that they stay on their meds and fill their prescriptions and so forth. So I think we ought to do something around medically frail.

And I guess our pleas to redo that attestation are going to be on hold.

For those of you who don't know, this is kind of an aside, Dr. Liu has left, left Medicaid. He was the Medical Director. And he was the one that came and talked to us on several, several occasions about medically frail, was kind of heading that up. And he has actually left the state, which I'm sorry. He has moved to Columbus, Ohio with a huge ACO up there. I forget, you know, what the population of Ohio is, but it is obviously huge compared to Kentucky. Because this ACO, Accountable Care Organization, that he is going to covers 300,000 kids, which was mind boggling when you think about how Columbus is probably the biggest city in Ohio next to Cleveland or somewhere up there.

But, anyway, he was very excited about it. And I think it is a real loss. Because I think he really had kids' interests. And if you are interested in kids you are interested in people, obviously, families and so forth. And I'm sorry that his voice is not over at Medicaid.

I understand there's a new Medical Director. I haven't seen that announcement. But somebody I know who was at the Children's TAC met her. It is a female. And I think she also was from U of L. So we will try to figure out who that is. And I haven't seen anything. Have you seen anything, Marc?

MR. KELLY: (Moved head from side to side).

DR. SCHUSTER: So, yeah. But Dr. Liu has moved on.

PARTICIPANT: Hey, Sheila, before we move on can I throw out something that's related to this earlier discussion?

DR. SCHUSTER: Yeah, sure.

PARTICIPANT: I think it is relevant for the group and that came from the same discussion, in terms of billing insurance and billing Medicaid.

DR. SCHUSTER: Yeah.

PARTICIPANT: We've heard a lot from different providers, a struggle, if you have somebody that has Medicaid but also has a commercial insurance in order to get Medicaid to pay you have got to get a denial

from your insurance.

MS. SCHIRMER: Right, you do.

PARTICIPANT: And, so, oftentimes it is something that's a noncovered service in the commercial plan, so you can't get an EOB or denial because it is not so you can never get that and you can never bill Medicaid because you never get that piece.

MS. GUNNING: Right.

PARTICIPANT: So apparently there is a form that allows you, if you have not gotten a response in 120 days or something like that, to go ahead and utilize that with Medicaid so that they can verify that it is not a covered service by the commercial plan.

But the problem is that this is only straight Medicaid. It doesn't apply to the MCOs.

MS. SCHIRMER: Oh. Are you kidding me?

DR. SCHUSTER: So it is only fee-for-service Medicaid?

PARTICIPANT: Only fee-for-service Medicaid. Do you have any more? You have been working on this, too, I'm sure.

MS. ADAMS: Yeah. Some of the MCOs historically had accepted the TPO form and then they stopped accepting the form in March. And, so, we followed up to find out what the deal was and never could really nail down why all of a sudden the TPO forms were being rejected. But we have worked with each of the MCOs and gotten a list of bypass codes --

PARTICIPANT: Bypass codes?

MS. ADAMS: -- for the services that they know commercial insurance won't cover. And, so, if it's one of those codes they don't need the form.

So we have separate listings from each of the MCOs of the bypass codes for everybody except WellCare. And WellCare doesn't -- I don't know how to say it right -- use it, use bypass codes because they can cover everything under EPSDT.

PARTICIPANT: Okay. Well, that was just an issue that -- we were all excited that we had this form, because I was not aware of that, but then it was only fee-for-service.

So that, obviously, was my question. Kathy has got a good solution on that, is how does that apply to the MCOs.

PARTICIPANT: It works. Or some of the MCOs were prior to, prior to March.

PARTICIPANT: So that is a request from the MCOs to accept it.

DR. SCHUSTER: That has been a problem with Medicare, too, right? You have to get a refusal from Medicare. And they don't cover most of what Medicaid covers.

PARTICIPANT: Right.

DR. SCHUSTER: So are they --

PARTICIPANT: Well, and then you've got, you know, Medicaid will pay for a clinician under supervision but commercial requires it to be a licensed only bill. So you can never get a denial because it is not a covered service, it is a Medicaid covered service.

MS. GUNNING: So you are caught in the doughnut hole.

PARTICIPANT: So, anyway, I know that is not on the list, but an issue that came up.

DR. SCHUSTER: No, no. That's helpful information.

MS. KIDDER: Especially if that part is going to be moving forward next week.

DR. SCHUSTER: Yeah, yeah.

PARTICIPANT: Thanks, Kathy, for that. That's good.

DR. SCHUSTER: All right. Thank you. Kathy, you've gotten a list from all of the MCOs of these bypass codes?

PARTICIPANT: And they are not the same between MCOs.

DR. SCHUSTER: Of course not.

MS. SCHIRMER: Of course not, right.

DR. SCHUSTER: Which reminds me, that we're still waiting for the RFP. I'm sure the MCOs and Molina and others are waiting for the RFP on the MCOs. And somebody had said it was going to come out Oaks day. Obviously, it didn't come out Oaks day. And somebody else said it was going to come out right before Memorial Day or right after Memorial. Anyway, so it is a moment by moment. And I guess we will see it when we

see it. But they are, obviously, not talking about it. They are in the procurement phase already. So we will see about that.

Impact of co-pays on Medicaid recipients. You have a gray sheet. I was going to do it on black, but I figured you couldn't read it if I did it on black. So...

Kentucky Voices for Health has an on-line, what they call, co-pay collector. And you can go on and take this two or three sentence survey and then answer these questions.

So this is based on 159 responses. And it shows you, you know, the areas where people have been charged a co-pay, not surprisingly primary care and pharmacy, which are probably the two most used services. But it gives you some idea.

And then Angela Cooper over at KBH pulled out some of the comments that had been registered that had to do with behavioral health, because I thought you all would be interested in those. And several of them were from providers, who were as upset as we had been about the co-pays, and several from

Medicaid recipients.

So I thought it was good. One of the things that we had argued with Commissioner Steckel about in January was that one of the functions of the TAC was to, you know, be kind of on the ground and hearing back from people about the impact of the policy.

So this is a policy that, obviously, has been in effect now since January 1st. I would really encourage you to go to the collector if you have not responded. And, Val, maybe some of the folks over at participation station, it is pretty easy to do, you know it asks you, do you agree, not agree, what is your interest in this, are you a Medicaid member, do you have a family member who is on Medicaid, that kind of thing, are you a provider, are you a concerned citizen. And then it asks you what your experiences have been and there is a place there to type in some.

Because they will continue to gather these as we, you know, keep making the case that, you know, there's problems. We

heard from Dr. Kenda last time, about her experiences as a psychiatrist with people that were not keeping appointments, is one of the things that we're most concerned about I think in the comp care centers and Bridgehaven and other facilities, New Beginnings, is the people that don't want to be embarrassed or asked, if they don't think they have the money and they think they are going to be asked or turned away. And so, you know, our folks are sometimes conflicted about whether they want to get treatment or not, to say the least. And, so, this is yet another barrier that will present itself as a barrier.

So it is hard to document that. We're going to have to be looking at, you know, what is the average patient number or patient hours and that kind of stuff and see what is happening. But I really wish they would just go away.

Does anybody have any other comments about co-pays? Anything you have experienced or heard from anybody?

MS. GUNNING: Just similar, they

are not going.

DR. SCHUSTER: They are not going in for service if they are going to be asked?

MS. GUNNING: Yeah. There's too much they don't understand.

DR. SCHUSTER: Well, and we're still having problems. And I've heard this from several folks. You know, if they are below 100 percent of the federal poverty level, they have to be given the service.

MS. GUNNING: But that wasn't happening.

DR. SCHUSTER: And that's not happening.

MS. GUNNING: That pharmacy letter just went out recently.

DR. SCHUSTER: Yeah. I think they are still being turned away when they are not supposed to be turned away.

MS. GUNNING: Yeah.

DR. SCHUSTER: And as Kelly, unfortunately, knows so clearly, you know, when our folks don't get their medicine they decide it is because they are not supposed to get their medicine --

MS. GUNNING: A sign from God.

DR. SCHUSTER: -- and then they, you know, just go AWOL for a long period of time and it is really detrimental.

So these collectors of comments and so forth I think have been used very effectively by Kentucky Voices for Health. We had the 18,000 comments on the waiver, but the judge paid attention to -- Marcie.

MS. TIMMERMAN: I just wanted to comment that even after that letter, I just want to keep reiterating, that the pharmacy staff, front desk staff need to be trained in this information in some way. Because I have been personally to three different pharmacies and when I ask the person, because I am who I am, I'm an advocate, I cannot turn that off, I go in and I ask questions about this and the front staff are never aware of these issues.

MS. GUNNING: They have no idea.

MS. TIMMERMAN: So I just want to keep bringing that up. I think that is really important. And a Medicaid letter, as much as we like it, is not going to fix that

front-end service issue. I have watched three people walk away from those pharmacies, three different pharmacies, the persons in front of me all walked away without their medication because of the co-pay. So I think that is a real concern still.

MS. SCHIRMER: So what can we do to help you all? Can we take comments like this to all pharmacies when we go in?

MS. TIMMERMAN: I have personally just asked the managers, because I know all of these pharmacies well, and I think just speaking up to the ones we interface with is going to help. And it spreads the word. The ones that I am using are all chains. So I'm like, "Hey, you need to make this chain." I just take a minute. It doesn't take long. But it helps. And I think perhaps something from Medicaid would help, just some kind of training, like a video or something even would help them.

Because their staff are a lot of part-timer's, a lot of them are not there every day, and it is hard to get them all and teach them anything. But if there is

something on-line, it would be helpful in some way, just to help.

DR. SCHUSTER: Just a reminder.

MS. TIMMERMAN: Yeah.

DR. SCHUSTER: You know, I don't know how many of our folks and probably our consumers are not good at speaking up for themselves in that situation; you know, when somebody says, "No, you know, here's what it is" or "Here's what you have to pay" or whatever, they are not going to argue about it --

PARTICIPANT: Right.

DR. SCHUSTER: -- because they are not sure. So it really does almost have to be at the staff end I think.

MS. GUNNING: Uh-huh.

DR. SCHUSTER: I wonder if there is any kind of signage, anything that could be there at the cash register at those pharmacies that is kind of for both. The person who is coming up, you know, you hate to say, "Remember if you are really poor I can give you your medicine." But that's the truth of it, right?

MS. TIMMERMAN: Yeah. It is hard to identify as poor publically anyway. So...

MS. GUNNING: We thought about making up business cards that say, "I am at 100 percent federal poverty level. Call this number if you have questions about filling my prescription." I mean, because that way they could just hand it to them. I don't even know if they would. But that's one of the things we tossed around in staffing a couple of weeks ago, is how to help them. Because some of our folks have disorders where they just get mad.

DR. SCHUSTER: Yeah, yeah.

MS. GUNNING: You know, and they feel like they are getting the run around already.

MS. MUDD: Yeah. And I feel like a lot of times people have one person like go to a doctor's appointment and they have a co-pay and they say, "Gosh, I guess I am going to have to pay a co-pay for everything else, too" and they won't go to the pharmacy because they answered -- one person told them "co-pay," I mean, you know.

MS. GUNNING: That's it.

DR. SCHUSTER: Yeah, yeah.

PARTICIPANT: Well, you know, some of the mental health folks that are coming into our center, they report that other providers that they visit, that the electronic medical record, the front office staff, when they pull up the electronic medical record for that person there will be a prompt that says, "Do not reschedule until co-pay is settled." And I've heard that over and over and over. People will call and say, "Is there something on my electronic medical record that says you guys can't reschedule?" And I'm like "No way. Not here. Well, it is happening at primary care. It is happening at the dentist, you know." So even the front office staff --

PARTICIPANT: Right.

PARTICIPANT: -- like Marcie was saying, like they are not even aware. And, you know, that's just a person that owes a co-pay. And they have no idea what the, you know, underlying mental health diagnosis is there.

MS. GUNNING: Well, some of our people thought they owed the whole bill, that they couldn't come back until they paid this astronomical amount of money. And that was happening mostly at primary care and pharmacies.

PARTICIPANT: And I called to just -- you know, I just said, "You know, we're looking at our billing stuff. How do you guys collect our co-pays?" And they said, "Well, we have a prompt in the electronic medical record that lets us know, and then we don't reschedule until that co-pay is paid." And I was like, "Wow. For everybody? Yeah, for everybody."

PARTICIPANT: So there needs to be an exception based on that.

PARTICIPANT: And if there is not somebody saying this person should be exempted, they are not going to.

DR. SCHUSTER: No, they are not going to do it. I think that's the issue.

PARTICIPANT: On the pharmacy side, because that is so critical for folks, have you ever done anything with the pharmacy

association or any of those groups, a training or workshop or maybe they won't see a letter from Medicaid but their association sends a letter to be sure to clarify you can't refuse for this population and you have to provide the medicine regardless of the co-pay?

MS. GUNNING: I think there's been so much confusion for so long that nobody really knows what to do. And I've actually -- you know, like you, Marcie, at the pharmacy, when I'm getting my medicine I'm always chatting up the pharmacists, too. And I'm asking them and they are going "We don't know what to do. We don't know what to do."

PARTICIPANT: Yeah.

MS. KIDDER: And pharmacists don't always or don't have to use Kentucky Health-Net, that's the problem, and so sometimes it is not reflected that they don't really owe the co-pay.

DR. SCHUSTER: That's what I have heard, Sarah, is that the pharmacists don't always use the same screens that other providers use.

MS. KIDDER: Right. And that has been a big problem.

DR. SCHUSTER: And so they don't know. And they just treat everybody the same.

MS. GUNNING: The primary care's are a lot the same way, too.

PARTICIPANT: The front office staff doesn't know, and they are not pressed upon to inquire.

DR. SCHUSTER: Right.

PARTICIPANT: And the doctor doesn't know. All they see is a missed appointment.

DR. SCHUSTER: Yeah.

PARTICIPANT: Yeah.

DR. SCHUSTER: So what are some realistic things that we could do, could suggest?

I have thought that if we help people to know that they were in that category, and I kind of like the little business card idea, what number would you put on it?

MS. GUNNING: That's where we got

stuck. I had a suggestion and everyone laughed. I can't say it in this meeting. But it was 1-800-something-something.

PARTICIPANT: What about P&A?

DR. SCHUSTER: Oh. Protection and advocacy.

PARTICIPANT: She's here.

PARTICIPANT: Okay. Here is P&A.

PARTICIPANT: Well, we're well aware. We get lots of calls from consumers, providers about these issues.

DR. SCHUSTER: So do you have any solutions, Susan?

PARTICIPANT: You know, I can bring this back to the office, about a way to systemically educate.

MS. GUNNING: Yes.

PARTICIPANT: I mean, that's what has to happen. We can all talk about our problems for the minute, you know. But it doesn't help as far as for the -- you know, something needs to go out. And I don't know if there's some organization like within pharmacists.

DR. SCHUSTER: Well, the

pharmacists have an association. And they have a Pharmacy TAC. And, you know, one of the things that we could do, at least to get the ball rolling, is for this TAC to make a recommendation to meet with or to communicate with the Pharmacy TAC about how to address this issue, particularly for people with behavioral health issues.

Because all of us would agree that medication access is the number one thing that we've got to do here. And that we're concerned about the ways that people are not getting their medications because of the co-pay and some instances where people under 100 percent of federal poverty level are still being charged a co-pay or think they are going to be charged a co-pay.

PARTICIPANT: I wonder how many of the pharmacists really understand that, though.

MS. GUNNING: Well, that's the problem.

DR. SCHUSTER: I think that is what Kelly said.

PARTICIPANT: Right.

MS. GUNNING: They don't know. They said, "We don't know what to do."

PARTICIPANT: So who traditionally informs pharmacists of changes in regulations?

DR. SCHUSTER: DMS. I mean, obviously with the -- now, there is a pharmacy director, whose name I don't know. Because it used to be McKinney, and she's gone. But there is a pharmacy director at Medicaid, and maybe we ought to include her. And she's come and presented at MAC meetings. She is the one we worked with when we were trying to get a standard prior authorization form for the formulary for the pharmacy.

PARTICIPANT: Right, right.

DR. SCHUSTER: And that was Dr. McKinney. And I don't know who it is now, but we could find out and at least request. Because I still think the co-pay issue is just such a huge barrier. And we know.

Yeah, Kristan.

MS. MOWDER: So you mentioned that primary care was typically the first source

of confusion, which then rolled down into the pharmacy, of them not wanting to go.

MS. GUNNING: It can work either way, Kristan.

MS. MOWDER: So, but, what about interacting with the Primary Care TAC as well?

DR. SCHUSTER: Right. Yes.

MS. MOWDER: And then who did you say?

PARTICIPANT: For the pharmacy it is Leeta Williams, I believe, the pharmacy director.

DR. SCHUSTER: The pharmacy director?

PARTICIPANT: DMS is Leeta Williams, I believe.

DR. SCHUSTER: Oh, okay. Okay. Good. Yeah. Because the Primary Care TAC is very active. Dave Bolt's over there, so he knows these issues, Kentucky Primary Care Association very well. But that is a good idea. We will make that recommendation and then we'll communicate with both of them.

MS. GUNNING: Because the problem

is, no matter where the first denial happens there is a ripple effect. That's when once it's happened to you, then you are saying, "I am not doing that again."

DR. SCHUSTER: Yeah.

PARTICIPANT: The Primary Care TAC was last week. But I think the Pharmacy TAC is next week.

DR. SCHUSTER: Okay. Yeah.

PARTICIPANT: Yeah. Pharmacy TAC is next Tuesday. Actually, I think the DMS pharmacy person would be there, hopefully.

DR. SCHUSTER: Okay. Yeah, we might as well start there. Ann, will you take it back to your P&A staff, too, and see if there is, you know, some suggestions?

PARTICIPANT: That's what I would think, that that would have to start there to be able to educate the local.

MS. GUNNING: We've had people get mad at us because we have been trying to do the education, as far as what we know. And, so, we have our sessions and we sit everybody down and we tell them, "Now, this is what you have to do" and then they come back,

"You told us wrong."

DR. SCHUSTER: Oh. Because that's not what they are experiencing.

MS. GUNNING: Right. That's not ever what's happening in the real world. I mean, have we ever had anybody come back and say, "Thanks. That got all fixed for me." Yeah, I don't think ever, one time, we've had that.

MS. MUDD: No.

MS. GUNNING: But, man, they are pissed when they don't get it. Oh.

DR. SCHUSTER: Yeah.

MS. GUNNING: I don't blame them. Especially if they rode four buses to get there that day.

PARTICIPANT: That's true.

DR. SCHUSTER: Yeah. Exactly. All right. Well, let's work on some education.

MS. WHITE: Sheila, so we designed some client care sheets that are on all of our front desks. And we also designed some posters to educate our clients that are coming into Centerstone. So I would be happy

to share that as a starting point.

DR. SCHUSTER: Oh, that would be great. Thank you. Do you have a phone number on it?

MS. WHITE: Yes. But the phone number is "Call your MCO."

MS. GUNNING: I ain't having nobody to have to do that.

MS. WHITE: Because we didn't know what phone number to put on there either.

DR. SCHUSTER: So, and, are they generic, Shannon, to not just Centerstone services?

MS. WHITE: No, no. I mean, it doesn't even say "Centerstone" on them. It just says, "Starting January 1st."

DR. SCHUSTER: That would be wonderful. Would you mind sharing with the group?

MS. WHITE: Yeah.

DR. SCHUSTER: Okay. Thank you. That would be really helpful. Because I do think that we really need to get much more education out there. And I agree with you, Kelly, that there is such a ripple effect.

And, again, our people are ambivalent at best about coming for services or staying on their meds or whatever and they just, you know, are not going to do it.

So, Shannon, if you will send me that, that would be great.

MS. WHITE: Yeah, I will.

DR. SCHUSTER: Thank you.

MS. WHITE: You're welcome.

DR. SCHUSTER: Redesign on the 1915(c) waivers. And I'm going to ask Mary Haas to tell us what she knows. Because Mary is on the Big Kahuna advisory committee.

MS. HAAS: Oh geez.

MS. GUNNING: I hadn't heard of that one, Mary.

MS. HAAS: Yes. Whenever they don't have anybody, they just call me.

Well, they are trying. We've had two meetings.

DR. SCHUSTER: And what's the name of it? It's not the "Big Kahuna."

MS. HAAS: It is the home and community-based advisory. So it is overarching. I know you are on one, Diane.

There's case management, quality, and rate study. I think those are the three. It is for Navigant stuff.

PARTICIPANT: There is a participant one, too.

MS. HAAS: Oh. Yes, PDS. My bad. So there is four.

DR. SCHUSTER: I know Steve Shannon is on the rate one. And, Diane, you are on...

MS. SCHIRMER: Quality.

DR. SCHUSTER: Quality, okay. Katie, are you or anybody from CPDD on?

PARTICIPANT: Yes. But they were looking for people for the PDS one.

PARTICIPANT: It has really been bad, the PDS group. It is a lot of families, and they really have felt like they are not being heard. And the two meetings I have attended, it is a lot of information. I think the rate study group, in fairness, I think they've done the best. Chris George is heading up that one and they have come through with some good things.

Now, again, what the final product

is, I don't know. But right now the PDS -- I'm trying to think of the young lady who presented for PDS. April -- I didn't bring my notes because I didn't know until yesterday that you were going to ask me to do this.

DR. SCHUSTER: I know you carry all of this in your head anyway's.

PARTICIPANT: Okay. I will give you an overarching. I think they are trying. One of the things that I have brought up that I have been hearing, and this goes to case management, that a lot of the families who are doing PDS they would like to have freedom of choice on who the case manager is. I asked that question, and I kind of got what we get with they were going to look at that but no decision has been made.

The other thing they are spending a lot of time on, and which I do think this is a good thing, about letting families provide services. They really have done a lot with that, and they have spent a lot of time on who that could be or whatever. But they are letting families be able to provide direct

services to their loved one. So the last meeting was really -- most of the attention was developed around that PDS, around families being able to do it.

So the way I serve on this committee, we get all the recommendations from all of the other committees and then we take those and then I've got homework that I have to respond to on the recommendations that we have gotten.

I will say, they are trying. You know, I don't see a whole lot getting done. That's my problem, I don't see a whole lot getting done. Because I didn't hear anybody come back on case management. That's why -- excuse me. Yes, there was. I don't want to misspeak. Yes, there was. I think there was somebody from Centerstone, someone that did speak a little bit on the case management. Because that's when I brought up the question about that I was hearing from our families that they wanted freedom of choice. And I also went to intellectual disabilities and a lot of folks who were on the Michelle P waiver, that was some of their

concerns that they were having.

But right now we just have had two meetings. And the first one was just overarching, telling you what your duties are, what you are supposed to do, what you can say and what you can go out in the public and say. And so, you know, they don't want us to give any of the direct workings. We can do like what I am doing, just an overarching.

So I think they are trying. And, you know, but right now that was the only thing. And, again, I can say this because I'm making this recommendation also. I think one of the things that I am hearing is they really, families who are PDS'ing really, would like to have the freedom of choice of support broker, case management. It depends on which waiver and it depends on what parts of case management. So that's one of the things that we -- that I have been hearing from families. So...

DR. SCHUSTER: Mary, are you okay if people have suggestions that they contact you?

PARTICIPANT: Please, please. Yes. If you want to put that out. Because that was one of the things that I put out with a couple of mailings that I had to the provider groups and to the ABI case managers, that if they had suggestions or concerns, for them to contact me. And I'm happy to take whatever to the group.

DR. SCHUSTER: Okay. So if you all have some issues that you want to bring up about the 1915, we have somebody on the Big Kahuna.

Katie.

MS. BENTLEY: I have one thing. At the IDD TAC meeting, we're hearing that we're going to have more of those town hall meetings and there is actually going to be a meet and greet beforehand, so that people can come and talk about issues that they have. I want to let you all know that if self-advocates want to attend those meetings, we don't have all of the dates or anything yet, but if self-advocates want to attend those, if they will contact the Commonwealth Council on Developmental Disabilities, we

will do mileage reimbursement and try to help make sure that people are getting there. We have done that before, but people don't use it.

So if you all know somebody who could use a little help getting there, if you wouldn't care to share that with them. You can put my name on that there, Sheila.

DR. SCHUSTER: That's great. So you would help people with transportation costs and that kind of stuff?

PARTICIPANT: Yeah. We've done that before. But a lot of people don't take us up on it. I think they just don't know about it; they just don't realize it is an option for them.

DR. SCHUSTER: So anybody who would be a self-advocate that would be affected by any of those 1915(c) waivers would be eligible.

PARTICIPANT: And there are people who are not even on the waiver that want to go and talk about how bad they need a waiver. So they don't have to be getting the waiver services. It is anybody who really needs it.

DR. SCHUSTER: So some of our people with severe mental illness, because we have been pushing for a waiver for forever.

PARTICIPANT: If it is something to be talked about in the town hall, we will support people to get there.

DR. SCHUSTER: All right. Great.

PARTICIPANT: So, yeah.

DR. SCHUSTER: Thank you. Mary, I have to tell you that we have asked in past meetings, the Consumer TAC has asked and asked, to get the names of the people on the big advisory committee and they have refused to give the names of the people that are on the committee.

PARTICIPANT: And that was one of the things that I was told we cannot share.

DR. SCHUSTER: But you are sharing your name.

PARTICIPANT: Everybody has my name, every state social worker has my name, so that's fine.

DR. SCHUSTER: So we will send a notice out. And we will let you know Mary's e-mail address, too, if you want to contact

her. I mean, in fact, I think P&A was raising some questions about whether legally they can do that, if you can have an advisory committee and keep their identity from us.

PARTICIPANT: Not be able to advise.

DR. SCHUSTER: Do you have to wear a mask when you go into meeting?

PARTICIPANT: Well, and I think -- I have to be careful, I don't want to share too much, because I may have just violated one of our rules because I may have just said -- but, anyway, what can they do to me anyway? But, anyway.

MR. BERRY: Take your mask away.

PARTICIPANT: I might not get invited back.

PARTICIPANT: I want to ask you another question.

What is the timeline? Do you have a timeline?

PARTICIPANT: (Moved head from side to side).

DR. SCHUSTER: Do we have any idea what the timeline is?

PARTICIPANT: And we really don't know. Because we had the one meeting and really did -- they said they were going to schedule. Because this last meeting they didn't even schedule another meeting. That was one of the questions, "When is our next meeting?" And this meeting that I just attended last week, we did not get notice -- or I guess it was probably two weeks before. Because we had one meeting, it got cancelled. And then they said we would get notice. I think it was like a two-week notice.

MS. SCHIRMER: And we've had two meetings and they've cancelled two.

DR. SCHUSTER: Of your work group?

MS. SCHIRMER: (Moved head up and down).

DR. SCHUSTER: Huh. Okay. This is also -- it's had an odd history. Because this is the group that put out the draft waivers for public comment and then pulled them back. And I have never in all of the years that I have been coming up here seen that happen, where you would pull back, you know, from, you know, a public comment

period. Yeah.

MS. MUDD: The only good news for us is right now for the ABI folks therapies are still in the waiver. That is the one good. That is --

DR. SCHUSTER: Good.

PARTICIPANT: Yes. Because, thanks to Diane, Diane gave wonderful feedback on what was being done on the national level. And I think that did have bearing. We've tried to present that we are a medical model. And I think, in fairness, they did take that under advisement. So how long they stay in there, I don't know. But right now I'm grateful.

DR. SCHUSTER: Oh, okay. Well, that's wonderful. I am really glad to hear that. Thank you very much.

PARTICIPANT: And next time, I will come more prepared. And...

DR. SCHUSTER: I'm sorry. I should have told you.

PARTICIPANT: No. You're fine, you're fine. Next time, I just feel like, and I would be more careful, I will frame it

in the way that can be said.

DR. SCHUSTER: So you are not kicked off.

PARTICIPANT: Right.

DR. SCHUSTER: Okay. This is a side note. But for those of you who follow legislative activity, you may want to know that the interim calendar has been set and it is vastly different from the way it has ever been before. The interim is the period June through November or December when the House and Senate committees meet together. So the House Health and Family Services will meet with the Senate Health and Welfare Committee and they will have a joint meeting and they will meet once a month.

And it used to be that they met on the third Wednesday of every month June through November or December and, you know, all of the other committees. So this time they have decided to compress all of those meetings and all the committees will meet in the same week. And they will be restricted to a two hour time frame, is what I am told, like they are in the regular session when

they have to meet, you know, 8 to 10 or 10 to 12 or 12 to 2, in deference to the fact that it really is a part-time legislature and they shouldn't have to give up their work and so forth.

So the first interim week is the week of June 3rd. And that whole week has committee meetings scheduled. And the first one is Health and Welfare and Family Services is scheduled on that Monday, June 3rd, from 1 to 3. And I know that because they have set as their topic -- I think what they are going to try to do is, instead of having 18 topics, you know, or presentations in every meeting, they are going to try to focus on one area. And so the area they are focusing on is mental illness and homelessness, brought about by several things, I think Chairwoman Moser's interest in mentally ill and personal care homes and the homelessness and so forth, and also the work around House Bill three-fifty -- not 358. That was the pension bill.

MS. KIDDER: Are you thinking about the --

DR. SCHUSTER: Homelessness kids, the youth homelessness bill.

MS. GUNNING: 378.

DR. SCHUSTER: 378, okay. That Representative Meade filed. And there was a piece in there that got excised out, unfortunately, that would have made it clearer that homeless youth of age 16 to 17 could access mental health services provided by a wide range of licensed mental health professionals, which is something that we had wanted to have happen for some time.

The Kentucky Psychological Association had a bill in 2015 to do that. And it passed the House but we ran into such resistance from a number of conservative legislators that thought we were advocating parental rights that we didn't push it in the Senate because we were actually afraid that they would go back and undo a 1978 statute that has been out there that long that allows physicians to see kids and treat a wide variety of physical and mental health issues and STDs and drug abuse and so forth. So...

Anyway, I think that would be a

meeting that many of you would be interested in. So there will be some presentation on the agreed order between P&A and the State through the Department for Behavioral Health about exempting people from personal care homes, some of the work that has been done in the Lexington area with the coalition, with Catholic Action and NAMI Lexington, and the Mayor's office and the Hope Center around homelessness and those programs. Steve Shannon hopefully or somebody will present on the idea of a 1915 waiver for SMI folks that would be supportive housing and supportive employment.

And if you look at House Bill 447, two freshmen legislators, Tina Bojanowski and Nima Kulkarni, had that legislation to direct the Cabinet to do a waiver. Obviously, it didn't move anyplace. But it was the genesis. And then we will have some discussion about the access for youth to mental health services.

So this may be -- I hope it is not the only, but it may be the only time that we have really a focus on mental health, mental

illness issues, the way the new interim schedule is going.

So if you go on the LRC website, you know, that newly-designed website, I'm still finding my way, but there is a place, I think under "bills" and then further down there is "calendars." And that interim calendar is listed by month. So don't look for the old schedule. It is a different month -- a different week each month. It is not the first week in the month. And if we have a special session that week, which is what I am hearing, I don't know what happens. But just to alert you to that meeting.

Any other questions or comments on the redesign of the 1915(c) waivers?

(No response)

DR. SCHUSTER: Okay. Thank you very much, Mary. I appreciate that.

PARTICIPANT: You're welcome.

DR. SCHUSTER: Any update on ABI services and supports? Gayle, anything from you?

MS. DiCESARE: No.

DR. SCHUSTER: Diane?

MS. SCHIRMER: We tried to, as a whole, respond to changes in the waiver and address therapy service first round. We also addressed trying to emphasize the need for cognitive therapy in brain injury and got providers to all respond to the State for that. And we also responded to the reduction in payment for case managers. And then there was one other thing, and it was that when they redesigned the waivers they reduced the hours of training for everybody. And we had six hours before and we requested that they put the six hours of training to recognize that brain injury was more specialized and needed that six hours of training. So those are the areas that we rebuttaled on.

PARTICIPANT: Right. And we actually got -- in fact, one of the things that was said was that the ABI group had the biggest participation of all the waivers that they had had in response, that they had the most from the ABI group. And I think a lot has been from Diane's work and then also our work in trying to go out and really making family members and providers aware of the

issues.

The other complaint that I had, and I don't know of anything we can do or make a recommendation, we might just need to follow it, is -- because I just got this. I haven't really had a lot of chance to work to see how really bad it is. But I'm getting a lot of complaints from the case managers that they are putting in for durable medical goods or assistive devices for people on the waivers. In the past you made the request to the ABI branch. Now you have to go through Carewise to get it. And they said they are getting a very high rate of denials on those requests.

So I literally just got this about two weeks ago, that a couple of the case managers were complaining that they had -- one of the case managers has a very heavy caseload. She has 30 clients. So she was the one that came to me and said that she was getting a lot of denials. Because she said before they would get pre-approved if they went through the ABI branch. But now that they are having to go through Carewise, they are getting denied. So I don't know if

anybody else has had anything under the waivers or anything. And that's just pertinent to ABI.

DR. SCHUSTER: Okay. Any other comments on that?

(No response)

DR. SCHUSTER: Okay. Thank you.

Other issues and updates. Yeah, Marcie.

PARTICIPANT: Marcie stepped out of the room. I am not sure if it was brought up, that we have ambulances refusing to transport patients from hospitals and emergency rooms without psych services to a place with psych services. So we're trying to find a solution to that. Because they are saying it is, quote-unquote, not safe, which is not true, especially in 95 percent of cases, probably more than that, because we don't take someone dangerous. So...

But, yeah, that's a big issue. Especially he was saying from, like, St. Claire -- to St. Claire from other places, like Mount Sterling, St. Joe and other places. That was just an example he

gave me. It is not the only one. So that is a real issue. We are having people not able to get psych care because they are not able to get transportation. We have people transporting them in their personal cars with all kinds of risk and liability issues, where an ambulance service would be more appropriate.

So I have had law enforcement tell me that they have been asked to do this ferrying as well, as they call it. And of course most of them are like the only person on duty at the time. And, so, that is a real issue for them, too.

PARTICIPANT: She said that it is not only they are saying it is not safe, they are saying it is not a Medicaid billable service.

PARTICIPANT: Oh, okay. He forgot to tell me that or I missed it.

DR. SCHUSTER: So how is it not a Medicaid billable service?

PARTICIPANT: He wasn't sure. Yeah. And they could not explain to him why.

PARTICIPANT: That was a good

question, though.

PARTICIPANT: And he even asked them, "Is this not a parity issue?"

PARTICIPANT: Right. I would assume it is a parity issue.

MS. GUNNING: It is.

PARTICIPANT: I mean, he thinks so. We all think so, too. But...

PARTICIPANT: Yeah, obviously.

DR. SCHUSTER: Okay. So maybe we will have to come up with a question or information about that. I wonder who sets the guidelines for the ambulance drivers.

PARTICIPANT: Yeah.

MS. GUNNING: Some of them are privately owned. It is hard to know. It depends on if it is a county or a city or there's so many different.

PARTICIPANT: I think it is a mixture of all that are having this issue --

MS. GUNNING: I don't know.

DR. SCHUSTER: Okay.

PARTICIPANT: -- from inquiries I did outside of Marc's comment.

MS. GUNNING: Is there an EMS

group, Sheila, first responders?

DR. SCHUSTER: Oh, yeah. Yeah, there is a first responders, EMT, EMS group.

MS. GUNNING: Yeah. You might ask them.

DR. SCHUSTER: I wonder if that's primarily a rural issue.

Do you have that, Julie, the issue we were talking about?

MS. PAXTON: I'm sorry.

DR. SCHUSTER: They were talking in the Pathways areas where ambulances were refusing to transport patients.

PARTICIPANT: Yes, we're having that problem. I did hear her question earlier.

MS. GUNNING: Is it because it is not Medicaid billable, Julie? Is that what they are saying, dangerous?

MS. PAXTON: We've had that.

DR. SCHUSTER: Okay.

MS. PAXTON: We've had serious issues in transportation, with transportation.

DR. SCHUSTER: Huh. So what do we

do about that?

MS. SCHIRMER: Is it not billable? Is that what she said?

MS. GUNNING: No. Danger.

PARTICIPANT: If somebody has a TBI, though, and they need to get to specialized services, they may be as dangerous. I'm using those in quotes for a reason, right?

DR. SCHUSTER: We are talking about your issue, Marc, your transportation issue.

MR. KELLY: Oh.

PARTICIPANT: Are they a neurological problem, a brain tumor? I mean, there are all kinds of situations where someone may not be as passive as they are liking.

MS. SCHIRMER: Or, you know, I've seen elderly people.

PARTICIPANT: After-hours calls. And, you know, like St. Joe, for example, in Mount Sterling, they have no psych services whatsoever. So they are dependent on us to do the evaluation to make the referral. So we make the referral to St. Claire Behavioral

Health Unit in Morehead, which is about 30 miles away. Then we can't get any ambulance service to do a hospital-to-hospital transport, even with a physician call.

DR. SCHUSTER: Wow.

MS. GUNNING: How can they refuse?

PARTICIPANT: Well, they say that they don't do mental health.

DR. SCHUSTER: The ambulance service says they don't?

MS. GUNNING: I've been waiting for this day so that then we could create mental health friendly services.

MS. SCHIRMER: Right.

PARTICIPANT: Well, and it is the same thing at ARH in West Liberty. There's no psych services there. They are dependent on us. We make the referral.

And I've got therapists that are, you know, putting people in their vehicle and just driving them because there is no other choice, after four hours of negotiations.

DR. SCHUSTER: Yeah.

PARTICIPANT: And we get the gamut

of "Medicaid won't pay. They won't pay us." If Pathways pays upfront, they will do it. They also say that they are not required to transport any mental health person. And they are all voluntary. These are voluntary admissions. And one of them said, you know, it is a safety issue.

And, you know, I'm accumulating more information. I'm encouraging the after-hours people to make the call and to encourage the doctor to make the referral for hospital-to-hospital transfer. And I said, "You know, what if there was cardiac care at the other hospital?"

MS. GUNNING: This is just unbelievable.

PARTICIPANT: And they are like, "Yeah, we do it because it is not a mental health case. But we don't do mental health transport."

MS. GUNNING: Susan, how can this happen?

PARTICIPANT: And it can't be just our region.

PARTICIPANT: You know, we have not

gotten calls about that. We've gotten calls before where a gurney can't -- a person's too -- is large and they don't have the means to transport from one place to the next.

We have not gotten any calls that I know of about -- so you are talking about, like, the comp care to the hospital?

MS. GUNNING: No. Hospital to hospital.

PARTICIPANT: Hospital to hospital.

PARTICIPANT: No psych admissions.

PARTICIPANT: Yeah. Where there is no psych services at the hospital to psych services. And the closest hospital, I might add. I'm not saying--

PARTICIPANT: So you are not saying, "Take them to Eastern State."

PARTICIPANT: So how many communities? I know it happens in the Pathways area. But where else in the state?

MS. GUNNING: Well, Julie has said in their area, Mountain, in Prestonsburg.

PARTICIPANT: I talked with a couple of folks in LifeSkills yesterday and they said the same.

MS. MUDD: It does sound like a parity issue. You know, if somebody is taken from a hospital to a hospital and they have Medicare or whatever, Medicaid, if they spend the night, there you go.

PARTICIPANT: And it is basically because these private transport companies don't feel safe. They are saying they don't feel safe.

PARTICIPANT: Some of them are saying they don't get paid for that at all.

PARTICIPANT: No reimbursement?

PARTICIPANT: Yeah, no reimbursement. So I've gotten different answers, which tells me that nobody really knows and it is all over the place. Like it started somewhere. And I suspect it started with involuntary, where, you know, the sheriff is required. So I think somehow that that's translated, that all mental health. Because, I mean...

PARTICIPANT: So how are you all transporting, then, if they are being...

PARTICIPANT: The on-call clinician is doing the evaluation and the referral is

just putting them in the car. Because it's a 20 minute drive. I mean, it's not like it's --

PARTICIPANT: Right, right.

PARTICIPANT: And it's not just one ambulance company. It's been all of them. They have said, "We don't do mental health transports."

MS. GUNNING: Does that include, like, county services?

PARTICIPANT: Uh-huh.

MS. GUNNING: I wouldn't think they could get away with that as a governmental agency.

PARTICIPANT: Well, it's been -- you know, it's just been a new trend. And I guess it's because we've been so successful at voluntary admissions. We're depending on, you know, the resources in our area to transport those people. And, like, and we just can't -- but we're just -- we're doing it. And I will say, you know, like, well, you know, our therapist, our unarmed therapist.

DR. SCHUSTER: Your unarmed

therapist.

PARTICIPANT: Yeah. You know, transported them in the front seat at 3:00 a.m.

PARTICIPANT: Right. But if there is an accident, there is a huge risk.

PARTICIPANT: Sure. Right. It is a huge risk. But, you know, we're kind of -- the emergency room is there trying to, you know, move traffic and we've got this referral and it's a direct admit. And, so, we've just got therapists that are just...

PARTICIPANT: That's pure discrimination.

PARTICIPANT: Yeah. It feels that way. And I've just been accumulating data about it.

DR. SCHUSTER: Well, as if we didn't have enough to deal with, Marc.

MR. KELLY: I know. I said, "I'm such a trouble maker."

MS. GUNNING: I'm sure it is not just you.

DR. SCHUSTER: No. Obviously, it is almost all of the rural areas.

MS. GUNNING: But it needs to be fixed.

MS. SCHIRMER: It does.

MS. ADAMS: I am going to ask a silly question.

Is there a reason why an ambulance has to transport them and a regular Medicaid transporter couldn't transport them?

PARTICIPANT: Well, I've got an answer for that.

PARTICIPANT: Okay.

PARTICIPANT: A regular Medicaid transport requires a three day notification before transportation can happen.

MS. MUDD: Oh geez.

PARTICIPANT: So, and, we're talking about, you know, if we can just give them three hours, you know. So that's what we get, is like, you know, well, we have got to have a 72 hour notice.

DR. SCHUSTER: You are not going to know the person is going to show up in the ER and needs transportation.

PARTICIPANT: Yeah. Well, we're not soothsayers. We're just your friendly

neighborhood mental health center.

MS. ADAMS: There seems to be a difference between meeting the criteria for emergency ambulance transportation services and then emergency medical transportation services.

PARTICIPANT: Yeah. So for nonemergency ambulance it looks like, for Medicaid coverage it looks like it is covered if the eligible member is confined to a bed before and after the ambulance trip, where the member must be moved by stretcher to receive Medicaid-covered medical services. I have not gone through all of the regs and statutes.

MS. MUDD: So if they can walk they can't get service.

PARTICIPANT: So the regs are saying that if you are ambulatory?

MS. GUNNING: Yes. That's part of it. And nonemergency.

PARTICIPANT: And nonemergency.

PARTICIPANT: Well, that's the problem, is that it is an emergency.

PARTICIPANT: Uh-huh. They are

sending to the hospital for admission, right?

PARTICIPANT: Yeah. This is not an emergency.

DR. SCHUSTER: I mean, technically you could have somebody who is having a cardiac problem and still on their feet and they need to get to that cardiac service that's not available wherever they are. I mean, that seems like a real...

PARTICIPANT: But they wouldn't let them off the stretcher.

PARTICIPANT: It is a brain emergency.

MS. GUNNING: Amen.

PARTICIPANT: I mean...

MS. SCHIRMER: It could be a drug addict. I mean, I can go down the list.

MS. ADAMS: At very best, we found a hole, that there is an issue, that, you know, if they can't get the nonemergency, just the regular medical transport and that takes three days and you have someone presenting in a hospital that needs psychiatric services and they are willing to sign them self in, I think that might have an

issue, too, you know, the fact that they are voluntarily committing them self. And they might say, well, they can wait three days then. I don't know.

DR. SCHUSTER: Right, right.

MS. KIDDER: I found the reg that might be the problem.

MS. ADAMS: They are not recognizing the true emergency.

PARTICIPANT: Right.

PARTICIPANT: If they were, if the reg did, they would be reimbursed for it.

PARTICIPANT: Right. And it would be most appropriate for the ambulance to be the transporter, especially if they are the ones saying it is not safe.

MS. GUNNING: The most appropriate anyway.

PARTICIPANT: Well, I mean, it is -- it is just -- obviously, it has been passed down. And they really haven't had to address the issue.

PARTICIPANT: Right.

PARTICIPANT: Because we used to do so many involuntaries, so it really didn't

fall on them. But now that we're not doing that many involuntaries, like, they are not prepared. And it looks like the regs kind of --

DR. SCHUSTER: But the voluntary, involuntary doesn't hold on the medical side.

PARTICIPANT: Right.

MS. GUNNING: If there is a physician ordering it.

DR. SCHUSTER: If you are having a heart attack and they say, "You need to go to St. Joe's and you cannot stay here because we don't have it," then you are volunteering to go. I mean, you know, you can't do the voluntary, involuntary on the medical side and then not the mental health side. It is a parity issue, pure and simple.

MS. MUDD: It is.

PARTICIPANT: Sorry about that, Sheila.

DR. SCHUSTER: All right. We have a whole bunch of recommendations here and they are not well-stated. So we're going to do a kind of "Here's what the recommendation is going to do." This is for my voting, the

BH TAC folks here.

All right. So we are going to make a recommendation that the Cabinet implement the medically frail terminology and continue the attestation process so that persons can be designated as medically frail and be exempt from cost sharing.

MR. BERRY: Yes.

DR. SCHUSTER: Yes, all right.

MR. BERRY: So moved.

DR. SCHUSTER: Mike moved that.

MS. MUDD: Second.

DR. SCHUSTER: And Valerie second. Any questions?

(No response)

DR. SCHUSTER: Everybody okay with that? All in favor signify by saying aye.

(Aye)

DR. SCHUSTER: All right. On the, and I think it is called KI-HIPP, that's the employer -- what I want to say is, "What the hell is going on so that we can explain it to people." What do we want to say?

We recommend that there be an intensive education program from Medicaid to

all of the TACs, actually, about the nature of the program and who it covers and how.

MS. MUDD: So moved.

DR. SCHUSTER: Val moves that.

MR. BERRY: Second.

DR. SCHUSTER: Mike second. All in favor signify by saying aye.

(Aye)

DR. SCHUSTER: All right. On the co-pays. We recommend that there be more education of providers, particularly primary care and pharmacy, about who should be exempt from co-pays and how to identify them. And we are volunteering as a TAC to be in touch with the Primary Care TAC and the Pharmacy TAC, to work with them on a mutual education program.

MS. GUNNING: And it needs to address the point of service I think, Sheila.

DR. SCHUSTER: Yeah. Right. Notification to both the consumer and to the point of service provider.

MS. GUNNING: Uh-huh, uh-huh.

DR. SCHUSTER: Okay. Gayle moved that. Thank you. Second?

MR. BERRY: Second.

DR. SCHUSTER: Mike, all right. All in favor signify by saying aye.

(Aye)

DR. SCHUSTER: Okay. We had some questions on the changes in the substance use disorder peer support and we would like some clarification about those issues.

MR. BERRY: So moved.

DR. SCHUSTER: All right. Mike. And Gayle's back there seconding. All in favor signify by saying aye.

(Aye)

DR. SCHUSTER: And now we have this transport mess. I think that we should ask Medicaid to investigate this as a violation of parity. What do you think?

MR. BERRY: Yeah.

MS. GUNNING: Might as well start big.

DR. SCHUSTER: And if changes in the regs are necessary, to include that in their study of the issue. How is that?

MS. MUDD: So moved.

DR. SCHUSTER: Val. Second?

MS. KIDDER: Second.

DR. SCHUSTER: Sarah. All in favor signify by saying aye.

(Aye)

DR. SCHUSTER: Did I skip any, miss any?

PARTICIPANT: The only thing, if you want to ask again, which I know you are really good at being persistent --

DR. SCHUSTER: They don't call me the energizer bunny for nothing, right?

PARTICIPANT: Exactly correct. To ask who is on the advisory panels for the home and community-based. I mean, then I won't have to wear a mask. And...

DR. SCHUSTER: Okay. We're going to recommend that they identify the members of the --

MS. GUNNING: It should be public knowledge.

DR. SCHUSTER: -- of all of the -- are they called workers or subpanels?

PARTICIPANT: They are called subpanels.

DR. SCHUSTER: Subpanels.

PARTICIPANT: Right. And I'm the advisory panel.

DR. SCHUSTER: And you are the advisory panel?

PARTICIPANT: Right.

DR. SCHUSTER: Okay. For the 1915(c) waivers?

PARTICIPANT: Uh-huh.

DR. SCHUSTER: Okay.

MR. BALDWIN: Do you want to say a process for giving input for that panel?

DR. SCHUSTER: Identify members and identify a process for, yeah.

MR. BALDWIN: So it doesn't sound like we just want to know who it is.

DR. SCHUSTER: Well, we do want to know who it is.

MS. GUNNING: But we may also want to give input.

PARTICIPANT: The TACs should be able to have a way to -- you know, there ought to be some communication process.

DR. SCHUSTER: Okay. So identify the membership and identify a process for giving input to the members of the advisory

panel and the subpanels for the 1915(c) waivers.

MS. SCHIRMER: So, Sheila, at my last meeting someone was there with a member. And she asked to give input and she was told she was not allowed to. Literally. So I had her write me a note and I presented it. It was just ridiculous.

DR. SCHUSTER: So somebody found out when your subpanel was meeting and showed up there?

MS. SCHIRMER: She showed up with -- she was helping someone who was on the panel, and she asked to give input to the committee.

DR. SCHUSTER: And they said no?

MS. SCHIRMER: And they told her no, not allowed. Honestly.

MR. BERRY: Wow.

DR. SCHUSTER: So how about a process to give input and to accept input in all cases.

MS. GUNNING: And foster transparency in the process.

PARTICIPANT: Oh. I like that,

Kelly. I like that.

MS. GUNNING: I mean, come on.

PARTICIPANT: Then I can let you know, if we get any of these recommendations, and then I can say.

DR. SCHUSTER: Yeah. All right. Who wants to make that motion?

MR. BERRY: So moved.

DR. SCHUSTER: Mike.

MS. MUDD: Second.

DR. SCHUSTER: Val. All in favor signify by saying aye.

(Aye)

DR. SCHUSTER: All right. We were busy today. Any other issues?

We had a couple of people come in. Keith, do you want to introduce yourself?

MR. McKENZIE: Yeah, I would love to. Keith McKenzie from Louisville, Kentucky. We're a Louisville counseling center, private, nonprofit organization. And primarily mental health, substance abuse focus. PHSO as well and KARP accredited.

DR. SCHUSTER: And Keith and his group are working on some criminal justice

reform.

MR. McKENZIE: Absolutely. I'm going to invite Mike to join us as well.

DR. SCHUSTER: Yeah. So when we adjourn, be sure to sign in and be sure to help yourself to some -- do you want to have your other folks introduce themselves?

MR. McKENZIE: Yeah.

PARTICIPANT: I'm Melvin Hawkins. I'm an administrative staff with my director, Keith McKenzie.

DR. SCHUSTER: And he's great in giving directions. Because I was so lost when I went to find his place and he was so kind to walk me over there.

MS. McKENZIE: And I'm Cathy McKenzie.

DR. SCHUSTER: And you hangout with that guy (indicating).

MS. McKENZIE: Yeah.

DR. SCHUSTER: Right. And Susan. She is gone. Susan was here with P&A. And, actually, Marcie.

MS. TIMMERMAN: Marcie Timmerman, Executive Director of Mental Health America

of Kentucky. And this is Hannah.

PARTICIPANT: Hi.

DR. SCHUSTER: Great. And Melanie.

MS. CUNNINGHAM: Hi. I'm Melanie Cunningham with NAMI Kentucky.

DR. SCHUSTER: Great. And I think everybody --

MS. GORDON: Lori Gordon with WellCare health plans.

DR. SCHUSTER: She snuck in there and didn't sign in and get her stuff.

Okay. So the MAC meeting is the last Thursday of the month. Actually, it is not. It is May 23rd, the fourth Thursday of the month.

And then we will meet again in July, the same place.

PARTICIPANTS: Yay. Yay, Sheila. Thank you for that.

DR. SCHUSTER: There was applause all the way around. Thank you all. It is always a pleasure to see you all. Be sure that you have signed in and that you have gotten your handouts. Thank you very much.

(Meeting concluded at 3:02 p.m.)

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C E R T I F I C A T E

I, LISA COLSTON, Federal Certified Realtime Reporter and Registered Professor Reporter, hereby certify that the foregoing record represents the original record of the proceedings of the Behavioral Health Technical Advisory Committee; the record is an accurate and complete recording of the proceeding; and a transcript of this record has been produced and delivered to the Department of Medicaid Services.

Dated this 29th day of May, 2019.

/s/ Lisa Colston

Lisa Colston, FCRR, RPR